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**FAX COVER SHEET**

**Date:** Thursday, September 01, 2005

**Number of Pages:** Cover sheet plus 20 page(s)

**To:** Examiner Hemant Desai

**Company:** U.S.P.T.O.

**Your Reference:** Serial No. 10/772,574

**Fax Number:** 571-273-8300

**From:** John V. Daniluck ([jdanieluck@uspatent.com](mailto:jdanieluck@uspatent.com))

**Our Reference:** 39015-6 (15270.75)

*John V. Daniluck*  
*1 Sept 2005*

**Comments:**

**CONFIRMATION OF RECEIPT REQUESTED IF CHECKED:**



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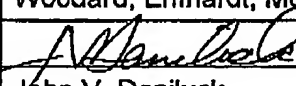
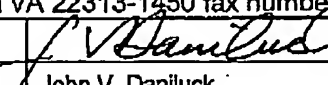
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WEMMH/SB/21 (09-04)

Approved for use through 7/31/2006. OMB 0651-0032  
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number		10/772,574			
		Filing Date		February 5, 2004			
		First Named Inventor		Ronald G. THIEMAN			
		Group Art Unit		3721			
		Examiner Name		Desai, Hemant			
Total Number of Pages in this Submission		17		Attorney Docket Number		39015-6	
<b>ENCLOSURES (check all that apply)</b>							
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached PTO-2038 Credit Card Form <input checked="" type="checkbox"/> Amendment Response to Office Action dated 12/09/2004 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition PTO/SB/64 Petition to Revive <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Petition to Revive Unintentionally Abandoned Application		
<b>Remarks</b>							
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>							
Firm Name		Woodard, Emhardt, Moriarty, McNett & Henry LLP					
Signature							
Printed Name		John V. Daniluck					
Date		1 Sept 2005			Reg. No.	40,581	
<b>CERTIFICATE OF FACSIMILE</b>							
I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 fax number 571-273-8300 on September 1, 2005.							
Signature							
Typed or printed name		John V. Daniluck			Date	1 Sept 2005	

Doc #EAS.le.352358

39015-6

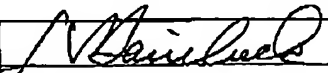
WEMMH PTO SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		<b>Complete if Known</b>				
		Application Number	10/772,574			
		Filing Date	February 5, 2004			
		First Named Inventor	Ronald G. Thieman			
		Examiner Name	Desai, Hemant			
		Art Unit	3721			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	39015-6			
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> 1500						
<b>METHOD OF PAYMENT (check all that apply)</b>						
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____						
<input checked="" type="checkbox"/> Deposit Account    Deposit Account number: <u>23-3030</u> Deposit Account Name: <u>Woodard, Emhardt, Moriarty, Mcnelt &amp; Henry LLP</u>						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee						
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments to the above-identified deposit account.						
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
<b>FEE CALCULATION</b>						
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>						
	<b>FILING FEES</b> Small Entity		<b>SEARCH FEES</b> Small Entity	<b>EXAMINATION FEES</b> Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	200	100	
Design	200	100	100	130	65	
Plant	200	100	300	160	80	
Reissue	300	150	500	600	300	
Provisional	200	100	0	0	0	
<b>2. EXCESS CLAIM FEES</b>						
<b>Fee Description</b>					<b>Fee (\$)</b> 50 200 360	<b>Small Entity Fee (\$)</b> 25 100 180
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						
Multiple dependent claims						
<b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>					<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>	
-20 or HP    =20    x    =0					x    =0	
HP = highest number of total claims paid for, if greater than 20						
<b>Independent Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>						
-3 or HP    =3    x    =0						
HP = highest number of independent claims paid for, if greater than 3						
<b>3. APPLICATION SIZE FEE</b>						
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 419a(1)(G) and 37 C.F.R. 1.18(e).						
<b>Total Sheets</b>		<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
-100    =    /50    =    (round up to a whole number)				x	0	
<b>4. OTHER FEES(S)</b>						
<b>1.17(M) Petition To Revive Unintentionally Abandoned Application</b>					<b>Fee Paid (\$)</b> 1500	

<b>SUBMITTED BY</b>		Registration No.	40,581	Telephone	(317) 634-3456
Signature		(Attorney/Agent)		Date	1 Sept 2005
Name (Print Type)	John V. Daniluck				

Doc #EAS.LE.352361

39015-6